

Date of application: _____

**TOWN OF AMHERST
MOBILE FOOD VENDOR AND MOBILE FOOD VEHICLE
PERMIT APPLICATION**

PERMIT/FEES:

- MOBILE FOOD EVENT – 1 EVENT: \$100 (only 1 per calendar year allowed)

- MOBILE FOOD VENDOR – 1 YEAR: \$250 (first year)
 \$250 for permit renewals in accordance with § 148-10B.

- MOBILE FOOD VEHICLE – 1 YEAR: \$250.00 (first vehicle);
 \$250.00 (each additional vehicle, and for every renewal)

Applicant's Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Local Address (if different): _____

Telephone: (home) _____ (cell) _____

Business Name: _____

Business Address: _____

Driver's License: (must present when submitting application)

State: _____ Number: _____ Expiration: _____

If presenting a driver's license that is outside Erie County, you must also submit a Police Background Check from each location where you have previously resided.

List any crimes **AND** violations resulting in arrest or conviction: _____
(Failure to disclose may result in rejection of application)

Explain the product/service to be vended: _____

New York State Sales Use Tax Number: _____

Days & Hours of Operation: _____

Note: No Mobile Food Vending before 9:00 AM or after 8:00 PM on residential property except for the following: when the truck and vending activities are not located within the required front yard the allowable hours are from 9:00 AM to 11:00 PM. Mobile food vending may be conducted between 7:00 AM and 11:00 PM on a non-residential property or in a right-of-way adjacent to a non-residential property.

Description of motor vehicle: Year _____ Make _____ State _____

Registration # (VIN): _____ Expiration: _____ Plate#: _____

Location of mobile food vending or mobile food vehicle location: _____

1. If your mobile food vending or mobile food vehicle will reside on private property, you must attach a written letter of consent from the property owner to this application, including contact information (name, address and phone number) of the owner of record.
2. If you are vending food products you must supply a copy of your Health Department Operating Permit before we can accept this application.
3. You must have your vehicle inspected annually by the Town Fire Inspectors.
Please call 716-631-7140 between 8:00 AM & 10:00 AM to schedule an appointment.

Signature of Applicant (*This signature indicates consent to having a background check performed.*)

Sworn to me this _____ day of _____

Notary Public

Stamp

Chief of Police (if required): Approve _____ Disapprove _____

Signature

Commissioner of Buildings: Approve _____ Disapprove _____

Signature

Fire Inspector: Approve _____ Disapprove _____

Signature

Town Clerk: Approve _____ Disapprove _____

Signature

PLEASE NOTE: MOBILE FOOD EVENTS/SALES/DISTRIBUTION IS NOT ALLOWED UNTIL A PERMIT IS OFFICIALLY ISSUED. THE PERMIT MUST BE PRODUCED UPON REQUEST. THERE ARE NO REFUNDS FOR APPLICATIONS THAT ARE DENIED.